



2019 Race Registration

MAIL COMPLETED FORM TO: WALTERVILLE GRANGE, PO BOX 262,
WALTERVILLE, OR 97489. Make checks payable to: WALTERVILLE GRANGE.

Name (Please print) _____

Email _____

Address _____ City _____

State _____ Zip _____

Age _____ Gender _____

Fees

| | | | |
|---------------------------|---------------------|-----------|-------|
| Adult: (18-55) with shirt | No. of people _____ | @ \$30/ea | _____ |
| Without shirt | No. of people _____ | @\$20/ea | _____ |
| Senior (56+) with shirt | No. of people _____ | @\$25/ea | _____ |
| Without shirt | No. of people _____ | @\$15/ea | _____ |
| 17 and under with shirt | No. of people _____ | @\$15/ea | _____ |
| Without shirt | No. of people _____ | FREE | _____ |
| TOTAL | | | _____ |

Shirt Sizes

Adult S M L XL XXL XXXL

Youth S M

Waiver must be read, signed and mailed with each official entry: I know that running/walking a road race is a potentially hazardous activity. I should not enter and run/walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run/walk. I assume all risks associated with participating in this event, including, but not limited to falls, contact with other participants, effects of weather, including high humidity, traffic and the conditions of the road, such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of acceptance of my entry, I, for myself and anyone acting on my behalf, waive and release the Walterville Community Hall and any and all persons sponsors and entities their representatives or successors from all claims or liabilities of any kind arising out of my participation even though said liability may arise out of negligence or carelessness of the persons names in this waiver. I grant permission for all of the foregoing: any photograph, video recordings, or any other recording of this event for any legitimate purpose. Parents must sign if participant is under 18 years of age. This is to clarify that my child has permission to complete n this event, is in good physical condition and that event officials may authorize necessary emergency treatment.

Signature

Date